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# CHAPMAN UNIVERSITY

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## POLICY REQUEST FOR TEMPORARY PCARD INCREASE

A temporary p-card limit increase is requested for the following employee:

<b>EMPLOYEE NAME (Last, First)</b>	
<b>EMPLOYEE ID NUMBER (9 digits)</b>	
<b>DEPARTMENT NAME</b>	
<b>FUND-DEPARTMENT-PROGRAM</b>	
<b>TELEPHONE NUMBER (10 digits)</b>	
<b>EMAIL ADDRESS</b>	
<b>PROPOSED USAGE OF P-CARD TEMPORARY INCREASE</b>	
<b>TEMPORARY INCREASE AMOUNT</b>	
<b>THROUGH DATE (MM/DD/YY)</b>	

### APPROVING SUPERVISOR/DEPARTMENT MANAGER:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DIVISION BUDGET APPROVAL:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### APPROVING DEAN OR VICE PRESIDENT:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMPLOYEE:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: When completed and approved, please forward to the VP for Finance and Controller for approval (Financial Services, 633 W. Palm Ave).

VP for Finance and Controller \_\_\_\_\_ Date \_\_\_\_\_